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APPLICANTS **OK, VP**

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** CONTINUING DATA ***** **NONE, VP**

** FOREIGN APPLICATIONS ***** **NONE, VP**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature VP Initials	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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ADDRESS
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TITLE
 Integrally molded lateral compression seal

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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